3370628-9-00-01

Eli Lilly and Company

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Domain Facsimile — Approved by FDA on 3/22/94

Mfr report # US_990927916

IND/Dist report #

FDA Use Only

A. Patient information

1. Patient identifier: [redacted] in confidence
2. Age at time of event: 57 yrs or Date of birth:
3. Sex: ☒ female ☐ male
4. Weight: NI lbs or kgs

B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☒ death ??/??/97 (mo/day/yr)
- ☐ life-threatening
- ☐ hospitalization - initial or prolonged
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☒ other: NI

3. Date of event (mo/day/yr): ??/???/1997

4. Date of this report (mo/day/yr): 06/OCT/1999

5. Describe event or problem

THIS CASE, REPORTED BY A PHYSICIAN, CONCERNS A 57-YEAR OLD FEMALE WHO EXPERIENCED LIVER NECROSIS, CARDIAC ARREST, AND DIED. SHE HAD BEEN RECEIVING PROPOXYPHENE NAPSYLATE WITH ACETAMINOPHEN (DARVOCET-N 100) FOR PAIN. PAST MEDICAL HISTORY INCLUDED DIABETES AND SEVERE UNDERLYING LUNG DISEASE, AND MULTIPLE MEDICAL PROBLEMS. CONCOMITANT MEDICATIONS INCLUDED PREDNISONE (10-60 MG/DAY), OXAZEPAM (15-30 MG FOUR TIMES DAILY), ALPRAZOLAM (0.25 MG/DAY), AMITRIPTYLINE HYDROCHLORIDE (25 MG/DAY), AND GLIPIZIDE (5 MG).

THE PATIENT HAD BEEN TAKING PROPOXYPHENE NAPSYLATE WITH ACETAMINOPHEN FOR SEVERAL YEARS. SHE HAD BEEN TAKING TWO TABLETS FOUR TIMES DAILY (GREATER THAN THE PHYSICIAN RECOMMENDED DOSAGE) FOR THE NINE MONTHS *

6. Relevant tests/laboratory data,including dates

OCT 12 1999

CENTER FOR DRUG EVALUATION AND RESEARCH REC'D OCT 12 1999 CDR

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

Relevant history / Concurrent conditions: DIABETES, SEVERE UNDERLYING LUNG DISEASE, AND MULTIPLE MEDICAL PROBLEMS.

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1 DARVOCET-N-.(PROPOXYPHENE NAPSYLATE)
#2

2. Dose, frequency & route used
#1 200 mg/4 DAY
#2

3. Therapy dates (if unknown, give duration) (from/to (or best estimate))
#1 *
#2

4. Diagnosis for use (indication)
#1 PAIN
#2

5. Event abated after use stopped or dose reduced
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

6. Lot # (if known)
#1 NI
#2

7. Exp. date (if known)
#1 NI
#2

8. Event reappeared after reintroduction
#1 ☐ yes ☐ no ☐ doesn't apply
#2 ☐ yes ☐ no ☐ doesn't apply

9. NDC # - for product problems only (if known)
#1 #2

10. Concomitant medical products and therapy dates (exclude treatment of event)
1) XANAX(ALPRAZOLAM)
Dose: 0.25 mg/3 DAY, Dates: NI, Route: PO2) SERAX (OXAZEPAM)
Dose: 30 mg/3 DAY, Dates: NI, Route: PO3) *

G. All manufacturers

1. Contact office - name/address (& mfring site for devices)
Eli Lilly and Company
Lilly Corporate Center
Indianapolis, IN 46285

2. Phone number: 317-276-7788

3. Report source (check all that apply)
- ☐ foreign
- ☐ study
- ☐ literature
- ☐ consumer
- ☒ health professional
- ☐ user facility
- ☐ company representative
- ☐ distributor
- ☐ other:

4. Date received by manufacturer (mo/day/yr): 28/SEP/1999

5. (A)NDA # 17-122
IND #
PLA #
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
☐ 5-day ☒ 15-day ☐ 10-day ☐ periodic ☐ Initial ☒ follow-up # 1

8. Adverse event term(s)
OVERDOSE
??-???-1997 to ??-???-1997
LIVER NECROSIS
HEART ARREST *

9. Mfr. report number: US_990927916

E. Initial reporter

1. Name, address & phone #
Dr. [redacted]
Phone: [redacted]
[redacted] US

2. Health professional? ☒ yes ☐ no

3. Occupation: PHYSICIAN

4. Initial reporter also sent report to FDA ☐ yes ☐ no ☐ unk

FDA

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Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Item completed on continuation pages.

B.5. Describe event or problem

[continuation:] PRIOR TO HER DEATH IN 1997. AN AUTOPSY REVEALED THE CAUSE OF DEATH TO BE CARDIAC ARREST. SEVERE LIVER NECROSIS WAS ALSO NOTED, IN SPITE OF HAVING LIVER FUNCTION TESTS IMMEDIATELY PRIOR TO HER DEATH (NO RESULTS PROVIDED). THE PHYSICIAN DID NOT BELIEVE PROPOXYPHENE WAS ASSOCIATED WITH THE PATIENT'S DEATH. THE PATIENT HAD MULTIPLE MEDICAL PROBLEMS THAT PRECEDED HER TAKING PROPOXYPHENE. THE REPORTER NOTED THAT THE AUTOPSY WAS PERFORMED MORE THAN TWO DAYS AFTER DEATH AND MAY HAVE BEEN THE REASON THAT LIVER NECROSIS WAS NOTED AT THAT TIME. AS THE REPORTER WAS A MEDICAL EXAMINER OF THE CASE FOR LEGAL REVIEW OF THE PATIENT'S RECORDS AND NOT A TREATING PHYSICIAN, NO FURTHER INFORMATION IS AVAILABLE.

UPDATE 17-SEP-1999: UPON REVIEW ADDED EVENT OF OVERDOSE.
UPDATE 28-SEP-1999L ADDITIONAL INFORMATION RECEIVED FROM THE INITIAL REPORTER ON 28-SEP-1999: ADDED RELATEDNESS OPINION OF REPORTER.
Cause of Death: CARDIAC ARREST

C.3. Therapy dates(if unknown, give duration) (mo/day/yr) (Suspect #1)

NI to NI Duration: a few years

C.10. Concomitant medical productand therapy dates (exclude treatment of event)

[continuation:] ELAVIL(AMITRIPTYLINE HYDROCHLORIDE)
Dose: 25 mg/AT BEDTIME, Dates: NI, Route: PO4) PREDNISONE
Dose: 60 mg/DAY, Dates: NI, Route: PO5) GLIPIZIDE
Dose: 5 m, Dates: NI, Route: PO

G.8. Adverse event term(s)

[continuation:] ??-???-1997 to ??-???-1997